FE6AN026

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FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

2010 JAN -7 PM 12: 04

									Office Use Only				
NAME OF TYPE COMMITTEE (in full)					PRINT ▼		ample: If ty or the lines.	ping, type	12FE	4M5	ſ	٠	
[A,M,E,R,1,C,A,F,1,R,S,T, P,A,C, , , , , , , , , , , , , , , , , ,													
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ADI	ADDRESS (number and street)												
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Check if different than previously reported. (ACC) W.A.S.H. I. N. G. T.O. N										03-			
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲												DE 🛦	
	C 0	0.4.2	718	7		3. IS THIS REPORT	X	NEW (N) OF	e constitution of the cons	AMENDED (A)			
4.	TYPE (Choose	OF REPO	ORT		port	Feb 20 (M2		May 20 (M	5)	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)	
	(a) Qua	(a) Quarterly Reports:			120.5	Mar 20 (M3)	فسا .	Jun 20 (M6	3)	Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)	
		April 15	Donort (O1)			Apr 20 (M4)	ه م الدينا	Jul 20 (M7) [Oct 20 (M10)		Jan 31 (YE)	
		July 15	Report (Q1) Report (Q2)	(c)	12-Day PRE-Electio	(*2009488	Primary (1	•	Barr .	neral (12G)		Runoff (12R)	
		October 15 Quarterly Report (Q3)			Report for t	he:			Special (12S)				
	X	January 3			E	Election on	M M	/ 0000	/ [Y] Y		in the State of		
		July 31 M Report (N Year Only	on-election	(d)	30-Day POST-Elect	1	General (3	0G)	Ru	noff (30R)		Special (30S)	
		Terminatio (TER)	tion Report		Report for t	e: Election on	TM TV M	/ p p	, ; -	Ė	in the State of		
5. Covering Period 07 01 2009 through 12 31 2009													
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Type or Print Name of Treasurer													
Signature of Treasurer Date 01 05 20/0													
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.													
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